CLAIMS ONLY

Application Number	Filing Date
10/675863	

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51						
2		/					52						
3							53						
4							54						
5		/					55						
6		/					56						
7		/					57						
8							58						
9		/					59						
10							60						
11		/					61						
12		/					62						
13							63						
14							64						
15	/	/					65						
16		/					66						
17							67						
18							68						
19							69						
20	/						70						
21							71						
22							72						
23							73						
24	/						74						
25							75						
26		/					76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31							81						
32							82						
33							83						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	5						Total Indep						
Total Depend	25						Total Depend						
Total Claims	30						Total Claims						